

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 28
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>				
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2014</div>	
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">96000.00</div>	
City ALEXANDRIA		State VA	Zip Code 22314	
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate ANN KIRKPATRICK			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1889750.26</div>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President			District: 01 State: AZ	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2014</div>	
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">287235.45</div>	
City ALEXANDRIA		State VA	Zip Code 22314	
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate ANN KIRKPATRICK			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1889750.26</div>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President			District: 01 State: AZ	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">383235.45</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Keith A. Davis</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2014</div>	
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 705 MELVIN DR STE 105		Amount 4000.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042584 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate ANN KIRKPATRICK		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 1889750.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 705 MELVIN DR STE 105		Amount 15000.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042585 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate ANN KIRKPATRICK		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 1889750.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Keith A. Davis

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Date

MM / DD / YYYY
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 28
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address PO BOX 16504		Amount 23820.00	
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24-0.042576
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate RONALD BARBER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 1338704.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 815 SLATERS LANE		Amount 106880.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042561
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate RONALD BARBER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 1338704.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	130700.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820																									
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Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>30</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		09			D	D		30			Y	Y	Y	Y	Y	Y	2014					
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Mailing Address 815 SLATERS LANE		Amount 194913.69																									
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042518																								
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>26</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		09			D	D		26			Y	Y	Y	Y	Y	Y	2014					
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2014																											
Name of Federal Candidate RONALD BARBER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ																								
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																									

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>30</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		09			D	D		30			Y	Y	Y	Y	Y	Y	2014					
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Mailing Address 815 SLATERS LANE		Amount 285892.18																									
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042508																								
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>26</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		09			D	D		26			Y	Y	Y	Y	Y	Y	2014					
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Y	Y	Y	Y	Y	Y																						
2014																											
Name of Federal Candidate AMERISH BERA		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA																								
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																									

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	480805.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

M	M	
09		

D	D	
30		

Y	Y	Y	Y	Y	Y
2014					

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 327134.66
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042519 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate SCOTT PETERS		Office Sought: <input checked="" type="checkbox"/> House District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 1155876.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 693320.88
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042504 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate ANDREW ROMANOFF		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 1268294.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1020455.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee PUBLIC OPINION STRATEGIES		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Mailing Address 214 N FAYETTE ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042583 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>
Purpose of Expenditure SURVEY RESEARCH		Category/ Type	
Name of Federal Candidate ANDREW ROMANOFF		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1268294.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">108750.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042597 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>
Purpose of Expenditure MEDIA		Category/ Type	
Name of Federal Candidate GWEN GRAHAM		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1030807.82</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">123750.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>30</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		09			D	D		30			Y	Y	Y	Y	Y	Y	2014					
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Mailing Address 815 SLATERS LANE			Amount 142168.88																										
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042506																										
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>26</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		09			D	D		26			Y	Y	Y	Y	Y	Y	2014					
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Name of Federal Candidate GWEN GRAHAM		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL																										
Calendar Year-To-Date Per Election for Office Sought		1030807.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																										

Full Name of Payee SRCP MEDIA INC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>29</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		09			D	D		29			Y	Y	Y	Y	Y	Y	2014					
M	M																												
09																													
D	D																												
29																													
Y	Y	Y	Y	Y	Y																								
2014																													
Mailing Address 201 N UNION ST STE 200			Amount 22633.00																										
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042570																										
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>30</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		09			D	D		30			Y	Y	Y	Y	Y	Y	2014					
M	M																												
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30																													
Y	Y	Y	Y	Y	Y																								
2014																													
Name of Federal Candidate GWEN GRAHAM		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL																										
Calendar Year-To-Date Per Election for Office Sought		1030807.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																										

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	164801.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

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2014					

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 8 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 815 SLATERS LANE			Amount 169644.76	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042515	
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate JOHN BARROW		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		1268377.88	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee GS STRATEGY GROUP			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 350 N 9TH ST SUITE 550			Amount 15000.00	
City BOISE	State ID	Zip Code 83702	Transaction ID : SE24-0.042591	
Purpose of Expenditure SURVEY RESEARCH		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate STACI APPEL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		866646.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	184644.76
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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09 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address 1850 M ST NW STE 235		Amount 19931.58
City WASHINGTON	State DC	Zip Code 20036-5837
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042571 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate STACI APPEL		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 152401.27
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042514 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate STACI APPEL		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	172332.85
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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09 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014
Mailing Address 1911 N FORT MYER DR STE 400		Amount 11050.50
City ARLINGTON	State VA	Zip Code 22209
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042551 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate WILLIAM L ENYART JR		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014
Mailing Address 1911 N FORT MYER DR STE 400		Amount 11050.50
City ARLINGTON	State VA	Zip Code 22209
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042552 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate MIKE J BOST		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22101.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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09 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 11 OF 28
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee GS STRATEGY GROUP			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 350 N 9TH ST SUITE 550			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div>		
City BOISE	State ID	Zip Code 83702	Transaction ID : SE24-0.042593 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure SURVEY RESEARCH			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate WILLIAM L ENYART JR			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">1337457.62</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee GS STRATEGY GROUP			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 350 N 9TH ST SUITE 550			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div>		
City BOISE	State ID	Zip Code 83702	Transaction ID : SE24-0.042594 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure SURVEY RESEARCH			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate MIKE J BOST			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">1337457.62</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 134055.20
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042520 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate MIKE J BOST		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 1337457.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 134055.20
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042521 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate WILLIAM L ENYART JR		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 1337457.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	268110.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

MM / DD / YYYY
09 / 30 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address PO BOX 16504		Amount 29289.00
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042574 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate EMILY CAIN		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 537854.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address PO BOX 16504		Amount 24030.00
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042575 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate EMILY CAIN		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 537854.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	53319.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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09 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 14 OF 28
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GS STRATEGY GROUP		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>	
Mailing Address 350 N 9TH ST SUITE 550		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21440.00</div>	
City BOISE	State ID	Zip Code 83702	Transaction ID : SE24-0.042592 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>
Purpose of Expenditure SURVEY RESEARCH		Category/Type	
Name of Federal Candidate EMILY CAIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">537854.55</div>	
Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee IMGE		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Mailing Address 603 KING ST 4TH FLR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">171200.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042558 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate EMILY CAIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">537854.55</div>	
Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">192640.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Keith A. Davis

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09 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee M STREET INSIGHT		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 3039 M STREET NW STE 3		Amount 7500.00	
City WASHINGTON	State DC	Zip Code 20007	Transaction ID : SE24-0.042590
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate EMILY CAIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought 537854.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 815 SLATERS LANE		Amount 284395.55	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042556
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate EMILY CAIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought 537854.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	291895.55
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 16 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 114250.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042562 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate COLLIN C PETERSON		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 1426938.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 290257.17
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042507 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate COLLIN C PETERSON		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 1426938.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	404507.17
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 815 SLATERS LANE		Amount 10979.15	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042557
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate RICHARD M NOLAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 1106056.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 815 SLATERS LANE		Amount 222294.45	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042510
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate RICHARD M NOLAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 1106056.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	233273.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 815 SLATERS LANE		Amount 249375.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042563
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate TIMOTHY BISHOP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 1353206.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 815 SLATERS LANE		Amount 228971.73	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042509
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate TIMOTHY BISHOP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 1353206.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	478346.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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09 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		

Full Name of Payee CHRIS MOTTOLA CONSULTING, INC.		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014 </div>	
Mailing Address 1382 LAFAYETTE ST		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 12500.00 </div>	
City CAPE MAY	State NJ	Zip Code 08204	Transaction ID : SE24-0.042579 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate SEAN ELDRIDGE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 328332.61 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CHRIS MOTTOLA CONSULTING, INC.		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014 </div>	
Mailing Address 1382 LAFAYETTE ST		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 10804.88 </div>	
City CAPE MAY	State NJ	Zip Code 08204	Transaction ID : SE24-0.042581 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate SEAN ELDRIDGE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 328332.61 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 23304.88 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 23304.88 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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 09 / 30 / 2014

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CHRIS MOTTOLA CONSULTING, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address 1382 LAFAYETTE ST		Amount 5000.00
City CAPE MAY	State NJ	Zip Code 08204
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042580 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate SEAN ELDRIDGE		Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		328332.61

Full Name of Payee IMGE		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 603 KING ST 4TH FLR		Amount 95465.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042559 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate SEAN ELDRIDGE		Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		328332.61

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100465.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 30 / 2014

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MCLAUGHLIN AND ASSOCIATES INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address 566 S RT 303		Amount 15000.00
City BLAUVELT	State NY	Zip Code 10913
Purpose of Expenditure SURVEY RESEARCH	Category/ Type	Transaction ID : SE24-0.042587 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate SEAN ELDRIDGE	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 328332.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 162312.73
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/ Type	Transaction ID : SE24-0.042505 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate SEAN ELDRIDGE	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 328332.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	177312.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 30 / 2014

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(Schedule E)PAGE 22 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MCLAUGHLIN AND ASSOCIATES INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address 566 S RT 303		Amount 15000.00
City BLAUVELT	State NY	Zip Code 10913
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042586 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate AARON WOOLF	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 432536.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 110551.60
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042516 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate AARON WOOLF	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 432536.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	125551.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Keith A. Davis

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Date

MM / DD / YYYY
09 / 30 / 2014

Signature

FEC IDENTIFICATION NUMBER ▼

C C00075820

Date of Public Distribution/Dissemination

09 / 29 / 2014

Amount

20874.00

Transaction ID : SE24-0.042572

Category/ Type	
-------------------	--

Date of Disbursement or Obligation

☐ Support

☒ Oppose

Office Sought: ☒ House District: 21
☐ President ☐ Senate State: NY

432536.31

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ►

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
09 30 2014

Amount

191000.00

Transaction ID : SE24-0.042564

Date of Disbursement or Obligation

Category/ Type	
Category 1	
Category 2	
Category 3	
Category 4	
Category 5	
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Category 7	
Category 8	
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Category 99	
Category 100	

09 / 29 / 2014

☐ Support

☒ Oppose

Office Sought: ☒ House District: 10
☐ President ☐ Senate State: VA

607969.38

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

211874.00

A blank grid consisting of 10 columns and 5 rows of squares, intended for drawing a diagram.

Keith A. Davis

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Date _____

09 / 30 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 191000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042565 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate BARBARA J COMSTOCK		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 607969.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 88727.09
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042512 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate BARBARA J COMSTOCK		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 607969.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	279727.09
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 30 / 2014

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(Schedule E)PAGE 25 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 815 SLATERS LANE		Amount 88727.09
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042513 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate JOHN FOUST		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 607969.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NORTH STAR OPINION RESEARCH INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address 112 N ALFRED ST		Amount 10602.60
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042588 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate BARBARA J COMSTOCK		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 607969.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99329.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY
09 / 30 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 26 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NORTH STAR OPINION RESEARCH INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address 112 N ALFRED ST		Amount 10602.60
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042589 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate JOHN FOUST	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 607969.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address 705 MELVIN DR STE 105		Amount 12405.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042577 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate BARBARA J COMSTOCK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 607969.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23007.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

MM / DD / YYYY
09 / 30 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 27 OF 28
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address 705 MELVIN DR STE 105		Amount 12405.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042578 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate JOHN FOUST		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 607969.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address PO BOX 16504		Amount 22389.00
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042573 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate NICK J RAHALL II		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 1376224.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34794.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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09 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">235305.41</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042517 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate NICK J RAHALL II		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1376224.77</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PUBLIC OPINION STRATEGIES		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>	
Mailing Address 214 N FAYETTE ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042582 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>
Purpose of Expenditure SURVEY RESEARCH		Category/Type	
Name of Federal Candidate NICK J RAHALL II		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1376224.77</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">250305.41</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5964591.80</div>

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Keith A. Davis

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Date

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 09 / 30 / 2014

Signature